



Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
AND ENVIRONMENT

www.kdheks.gov

Division of Environment

Electronic Waste Vendor Form

Company name

Contact name (Sales)

Address

Address

City

State/Province

Zip

Country

Phone

FAX

Email

Web address

What are your services?

☐ Asset Management

☐ Parts Recovery

☐ Other

☐ Broker

☐ Material Processing

☐ De-Manufacturing

☐ Re-Use

What is your service area?

☐ International

☐ Nationwide

☐ Kansas

☐ Regional

☐ Other

What certifications do you have?

☐ IAER

☐ ISRI

☐ CHWMEG audit

☐ ISO 14001

☐ ISO 9001

☐ BAN Pledge

Other

Do you have a Kansas Permit?

☐ No

☐ Submitted

☐ Yes #

What Electronics do you accept? (Please check appropriate boxes, fill in other or attach your marketing materials describing this information.)

☐ Just personal computers (PC's)

☐ Video Equipment

☐ Audio Equipment

☐ Communications Equipment

☐ Personal Equipment

☐ Office Equipment

☐ Everything except white goods

☐ Personal Computers

☐ Television (TV's)

☐ Stereos/

☐ Cell Phones

☐ Games

☐ Commercial Equipment

☐ Other:

☐ VCR's

☐ Radios

☐ Pagers

☐ PDA's

☐ Medical Equipment

☐ Cameras

☐ CD Players

☐ Wireless

☐ Calculators

Kansas Electronic Waste Vendor Form

What documentation and certification of completion, indemnity, warranties or guarantees do you provide?
(Attach any materials that further explain. Include certificate of insurance.)

Does the company send any electronic wastes (whole products) overseas? ☐ Yes ☐ No
Does the company send any electronic wastes components overseas? ☐ Yes ☐ No

If yes, please describe the nature of the transactions and end disposition of the products or components.

Please provide the primary contact knowledgeable and responsible for asset management and processing of your electronic wastes. Usually will be different than the sales staff.

Company name		
Contact name	(Sales)	
Address		
Address		
<hr/>		
City	State/Province	Zip
Country		
Phone	FAX	
Email		
Web address		

Kansas Electronic Waste Vendor Form

Facilities where materials collected in Kansas are to be sent (use separate sheet for each one):

Company name		
Contact name		
Address		
Address		
City	State/Province	Zip
Country		
Phone	FAX	
Email		
Web address		

Description of services this company provides:

Does this company or any of its downstream vendors send any electronic wastes (whole products) overseas? ☐ Yes ☐ No
Does this company or any of its downstream vendors send any electronic wastes components overseas? ☐ Yes ☐ No

If yes, please describe the nature of the transactions and end disposition of the products or components.

(Attach any materials or company brochures that further explain.)

Kansas Electronic Waste Vendor Form

Please provide the contact information for the signatory for the company.

☐ Check if Sales Person ☐ Check if asset manager ☐ Owner ☐ Other (Describe)

Company name

Contact name

Address

Address

City

State/Province

Zip

Country

Phone

FAX

Email

Web address

I certify that I have read the Kansas E-Waste Standards and that our company and all its subsidiaries, contractors, agents and assigns, shall meet or exceed them in providing service in Kansas. I further certify that any individuals or companies that receive materials from Kansas through our company and all its subsidiaries, contractors, agents and assigns shall meet or exceed the Kansas E-Waste Standards. I further warrant and guarantee that all products, components collected in Kansas will be properly handled, recycled and disposed. If there are changes to the primary downstream vendors listed in this submittal, I will update this submittal within ninety days.

The undersigned is an authorized representative of this company.

Print Name of Authorized Representative

Title

Signature of Authorized Representative

Date